

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 70032096 STATE FILE NUMBER

FILED AUG 17 1964

1. PLACE OF DEATH a. COUNTY <u>MADISON Co.</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST FRANCOIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN MO.</u>		c. CITY OR TOWN <u>R.R-2 FARMINGTON</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MADISON CO MEMORIAL HOSPITAL</u>		d. STREET ADDRESS <u>R.R-2 FARMINGTON</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>DORA</u>		4. DATE OF DEATH Month <u>AUG</u> Day <u>7</u> Year <u>1964</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 22, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and state or country) <u>DOE RUN, MO.</u>
13a. FATHER'S NAME <u>JOHN WATKINS</u>		13b. MOTHER'S MAIDEN NAME <u>MILLIE WEISS (WATKINS)</u>	14. NAME OF HUSBAND OR WIFE <u>MARION MCDANIEL</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		16. SOCIAL SECURITY NO. <u>8</u>	17. INFORMANT <u>Arden Jean Nelson</u> <u>MRS. JEAN BARTLEY</u> Address <u>ST LOUIS, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Vascular failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>acute coronary</u> DUE TO (c) <u>A.S.C.V.D.</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8</u> a.m. <u>7</u> p.m. Month, Day, Year <u>8-7-64</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>FARMINGTON</u> COUNTY <u>ST FRANCOIS</u> STATE <u>MO.</u>
21. I attended the deceased from <u>8-7-64</u> to <u>8-7-64</u> and last saw her him alive on <u>8-7-64</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Arthur D. Nelson</u> (Degree or title)		22b. ADDRESS <u>Fredricktown, Mo</u>	22c. DATE SIGNED <u>8-11-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>AUG 10, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>FARMINGTON MO.</u>
24. FUNERAL DIRECTOR <u>CALDWELL &amp; SONS FLAT RIVER, MO</u>		25. DATE RECD. BY LOCAL REG. <u>8-7-1964</u>	26. REGISTRAR'S SIGNATURE <u>Charles Broome, Jr</u> <u>per MLO</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

9-9-64

Mrs. Jean Bartley

Arden Jean Nelson

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

AUG 19 1964

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.